

**Alabama Medicaid Agency**  
***Together for Quality***  
**Request for Information, Set #3 Questions and Answers**

#	Question	Answer
1	We only recently received a copy of your RFI in regular mail, postmarked April 13, 2007. Since this presents a very short time until the response is due, is it possible for you to extend the due date so that we have sufficient time to prepare a response?	We are sorry for any delay in mailing that you experienced. Unfortunately, because of the anticipated volume of responses and short timeframe to meet the milestones of the grant requirements, we will be unable to extend beyond Friday, May 4, 2007.
2	We received a copy of your RFI and are not sure why we received it?	The RFI was mailed to all State of Alabama Purchasing Department registered vendors in subclasses associated with Information Technology (IT) and Healthcare Consulting. Please review the RFI; if it is not applicable to your company, you may discard it.
3	How can I receive email information about <b><i>Together for Quality</i></b> ?	Please go to ( <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> ); click on Transformation Grant to go to the TFQ page to sign up for the list serve.
4	Do I send my response in regular mail to the address shown in the RFI? If I am sending brochures or other materials, how many copies do I send?	Yes, mail or deliver to the address shown on the RFI, 501 Dexter Ave. Montgomery, AL 36103, and Attention: Carroll Nason by COB on 5/4/07. At least five (5) copies of all materials, brochures and/or responses to the RFI must be sent regular mail. Responses are appreciated as soon as possible.
5	Will I be allowed to exhibit my products and/or services to the members of the Stakeholder Council?	If you are interested in exhibiting or presenting on May 10, 2007 please send an email to <a href="mailto:nancy.rawlinson@medicaid.alabama.gov">nancy.rawlinson@medicaid.alabama.gov</a> no later than close of business on May 2, 2007, clearly describing your exhibit or presentation. Please attach the PPT of your presentation to this email if you are planning a presentation. If you need Internet access to demonstrate your application; state this in the email. We can not guarantee this event; however, we need this information to make this determination. We will inform you by email of the event specifics.
6	How do you define "modified EHR"?	A "modified" Electronic Health Record is a defined set of data elements needed to achieve the goals of the grant (something less than the traditional electronic medical record or a fully executable electronic health record). This consists of standard demographic data, claims data described in the RFI, and lab values.
	a. Where will it reside?	Unknown
	b. Central repository?	Unknown, the purpose of the RFI is to enable the receipt of information to inform this decision.
7	How do you define "medical home"? Is this the PCP?	Yes, this is the PCP. The definition of medical home is found on the Medicaid website at <a href="http://www.medicaid.alabama.gov/programs/patient1st/index_patient1st.aspx?tab=4">http://www.medicaid.alabama.gov/programs/patient1st/index_patient1st.aspx?tab=4</a> .
8	What are the expected numbers for the following:	These amounts are unknown because the # of users for the grant pilot test was set at 500. We do not yet know who those physicians are or the # of their patient population who will be participating.
	a. Covered Medicaid patients	Unknown
	b. Total potential patients	Unknown

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	c. Total provider users	Unknown
	d. Total State users	Unknown
	e. Total BS/BC users	Unknown
	f. Current number of daily transactions in Medicaid application	Unknown
<b>9</b>	What application is to be used for the claims based EMR?	Unknown
<b>10</b>	The minimum data requirements sections requests:	
	a. That emergency patient information be included. What is the source of this data?	EPI collected via BCBSAL website is currently considered the sole source of this data.
	b. Prior authorization requirements (under formulary management information). What does this mean and where does the data come from?	For drug utilization management to be effective, providers must know coverage and prior authorization requirements. Medicaid provides indicators that identify drugs requiring prior authorization, that designate generic alternatives and preferred drugs to BCBSAL. The RFP process will request appropriate interface.
	c. Immunization – does this “assume” a link to the state system? Or does it mean individual providers would be expected to enter data also?	In Phase 1, this is a link to the state immunization registry. Individual providers currently enter data directly into the registry not already available via claims data.
	d. Number of physicians seen by specialty – would be a part of a reporting section or just data displayed on a screen somewhere?	Both, physician profile and documentation of patient visits by specialty.
	e. Where will this data from other than claims?	All data during the TFQ grant period is claims based data with the exception of lab values. The RFI process and responses will inform this decision further.
	f. Will data from both Medicaid and BCBSAL be available for this? What about other plans?	During the TFQ grant period, we do not have other health plans participating on the Stakeholder Council. We hope to eventually include them if they are interested in participating.
<b>11</b>	In Appendix 1, Outcome number 3, it states data will be populated in an EHR by June 2007. What EHR is this?	This refers to the modified Electronic Health Record to be developed under the RFP or ITB process.
<b>12</b>	In the Use Case example, it is stated “registering the patient into the clinic’s EMR system”. Is ALAHIS assuming that all clinic’s (does this include single providers) will have an EMR? Is there an intention to provide a low cost EMR solution for those providers who do not currently have an EMR?	No, we do not assume all clinics have an EMR nor do we assume they all want point of care information electronically. During the TFQ grant period, we will not have other plans participating on the Stakeholder Council. We hope to eventually include them if they are interested in participating.
<b>13</b>	Has an ECST package been selected, and if so, could you provide further details?	The ECST package has not been selected. That is the reason for the RFI and subsequent RFP process.
<b>14</b>	Phase I (planning and development) has already begun and will include claims data. Is ALMA looking for assistance in this Phase of the ALAHIS project—particularly the assessment of Alabama’s HHS agencies information systems, identification of data sharing needs and capabilities, and an evaluation of each HHS partner agency’s platform? If not, has this assessment been completed, and if so, will the results be published before the RFI due date?	No, an assessment is being conducted by the Policy Workgroup of the Stakeholder Council and will be published as soon as it is completed.
<b>15</b>	Please specify if assistance in designing and/or selecting a RLS is within the scope of the RFI and potential RFP/ITB process.	Yes

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<b>16</b>	Is there a list of existing and planned information systems available?	No
<b>17</b>	Has ALMA/TFQ defined "acceptable standards" for data integrity? If so, please provide them.	No
<b>18</b>	What is your definition of "Peer-to-peer comparative clinical support data" as listed in this item? Does this refer to clinical peer outcomes comparisons (comparing one physician's outcomes to his peers in an anonymous format)? Decision support capability? Something else?	Clinical peer groupings such as All Adult Primary Care Providers, All Pediatricians, etc. Yes, this refers to peer outcomes comparisons. The individual clinician should have the ability to drill down to identify where the problem is.
<b>19</b>	RFI Requirement: A data-driven focused quality improvement pilot will be in place with documentation of selection measure improvement of at least 4 percentage points from the baseline by August 2008.	
	a) What are the QI measures in place?	There are no measures currently in place. These are under discussion by the Clinical Workgroup.
	b) How significant is a 4% QI measure improvement?	Highly significant relative to compliance with the terms of the grant award. The significance in quality improvement outcomes will depend upon the measure chosen. This percent is to be defined and may be different for each measure chosen.
	c) What generates a 4% improvement in this measure? Is it related to Pilot results, or improved processes before Pilot launch?	Since the indicator has not yet been established for measurement, we can not state this. The baseline will be determined after the indicator is chosen, however improvement is related to performance during the pilot.
	d) Is everything in this Outcome outside the scope of the RFI?	No, this is within the scope of the RFI because the data needed for measurement must reside within the CARE Link data interface.
	e) These time lines predate the Notification of Award date (9/14/2007) – are we to assume that our solution design(s) can make use of this data?	Yes, the timelines were established within the original grant application but we plan to modify them as needed relative to RFI responses and the RFP/ITB process timelines.
	f) Are these time lines achievable?	Yes relative to the answer above.
<b>20</b>	RFI Requirement: The initial claims-based electronic health record (EHR) database for use by medical home providers will be populated by June 2007.	See answer 19e above relative to the timeline.
	a) Does the State anticipate that the database is already defined and if so, what is this database design?	No, however data elements are currently being reviewed by the Clinical and Technical Workgroups to assure that the claims data that currently resides in separate data sources (with the addition of lab values) will be sufficient for the functionality needs defined in the Use Case.
	b) What data sources are feeding this database?	Medicaid and BCBSAL claims data and Public Health Immunization Registry data, with the intent to add others as needed.
	c) Is this outside the scope of the RFI and RFP/ITB process?	No, we would like to know what or if data is available.
	d) Who is directing this database design and population efforts?	Stakeholder Council--Technical and Clinical Workgroups
	e) These time lines predate the Notification of Award date (9/14/2007). Are we to assume that solution design(s) can make use of this data?	Yes, see answer 19e also relative to the original milestones.
<b>21</b>	RFI Requirement: Medicaid non-pharmacy claims data and laboratory results will be added to the database. Time frame March - April, 2007	

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	a) Is this complete?	Lab results for Medicaid clients are already in the database. Non-pharmacy claims data exchange is being tested. It may be sometime in May before this is complete.
	b) Will the State be able to meet this time frame?	Yes, for lab data. Unlikely for non-pharmacy claims although the process should be complete sometime in May.
	c) What data sources are feeding this database?	Data sources include Medicaid claims and lab values supplied by laboratories.
	d) Is the proposing vendor expected to include this in their response?	Yes.
	e) Who is directing this database design and population efforts?	Blue Cross/Blue Shield of Alabama is directing the current database design and population efforts.
	f) These time lines predate the Notification of Award date (9/14/2007). Are we to assume that solution design(s) can make use of this data?	Yes, also see answer 19e relative to the original milestones.
<b>22</b>	For the Phase I and the subsequent phases can we work through Onsite (Alabama)- Offshore (outside USA) delivery model? If not what are the various restrictions/requirements for % of the Onsite team size or even mandatory requirements to partner with the local or M/FBE companies ?	Your response to the RFI should indicate what your capabilities are. If it includes these types of arrangements, please specify. We are requesting information. This is not an RFP. We will specify this in an RFP if indicated.
<b>23</b>	As the requirements are not yet finalized for the Phase I, is it OK to respond with Time and Material Rate Card in the pricing section requirement?	Your response to the RFI should indicate whatever you believe is necessary.
<b>24</b>	Is a Product based solution/approach preferred over development of Enterprise Service Bus/Connection Architecture?	The RFI process will inform this decision; please submit your response to include your preferred solution/approach.
<b>25</b>	In the budget of \$7.6mn for ALAHIS - Together for Quality initiative - \$2.02 M/year is for the software consulting services. Is there a separate budget for hardware procurement cost - Web / Database Servers and s/w Licenses ?	\$2.02 million is a maximum projected draft expenditure for the HHS agency interoperability. Other funds projected in the proposed budget for hardware in physician offices is approximately \$500,000; licensing and other costs are not individually quantified within the budget. We expect the RFI and then the RFP processes to inform these decisions.
<b>26</b>	Based on the various sections of RFI, please confirm our understanding of the overall scope of the project - listed as below: Overall scope (including past Phase I)	The scope of the project is described within the RFI; please submit your response based upon your interpretation.
	1) Create Data Hub / Repository	
	2) Develop RLS	
	3) Develop HIN (Health information Network) to interface all participants EMR systems	
	4) Develop EHR for participants who do not have an EMR	
<b>27</b>	Please confirm our understanding of the scope/deliverables for the Phase I as a response to this RFI - which is as following?	
	Does the RFI response need be limited to Phase I only? Does the scope of Together for Quality limited to Phase I?	No, the RFI response does not have to be limited to Phase I but if components are added the additional cost associated with these components must be identified.

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	Scope of Phase I is to develop:	The development of items 1-4 listed below are shared responsibilities of the Stakeholder Council members and the vendors to be chosen for the project. Your response to the RFI could include a description of whatever capabilities/services and activities in which you wish to be involved.
	1) Technical Architecture	
	2) System Design	
	3) Governance model	
	3) Implementation plan for Health Information Network	
	4) Long Range Funding plan	
<b>28</b>	Please provide list of HHS and Partner Agencies (count and examples in the various categories)	Please go to ( <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> ); click on Transformation Grant to go to the TFQ page review the Commissioner's PowerPoint presentation from the initial stakeholders' meeting in November, 2006. Two slides list the HHS agencies and partners. Other documents from Stakeholder meetings on the website will provide additional information on this question.
<b>29</b>	What is meant by Claims based EMR? Please provide description. Typically EMR is purely clinical and does not include financial transactions. Is EMR with integrated Practice Management is the expectation?	This is a modified EHR and is an abbreviated electronic record resulting from the interface of data elements from claims databases. We differentiate EMR from EHR. The EMR is the office based record of everything that has occurred with a particular patient and includes BP, weight, height, chief complaint, allergies, physical exam, etc while the EHR is simply the translation of claims based data such as ICD-9 codes and descriptions, CPT Codes and descriptions, etc.
<b>30</b>	Apart from ALMA (in the form of Clinical, Policy, Privacy and technical workgroups) who else (HHS or any other organization) is involved in Together for Quality initiative?	Please go to ( <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> ); click on Transformation Grant to go to the TFQ page review the Commissioner's PowerPoint presentation from the initial stakeholders' meeting in November, 2006. Two slides list the HHS agencies and partners. Other documents from Stakeholder meetings on the website will provide additional information on this question. The workgroups all contain participants other than ALMA. We have the participation of over 100 individuals on the council and its workgroups.
<b>31</b>	Are there any of the following systems/applications in place today? Or these are "To be Developed?"	
	1) Electronic Health Record	Data is currently available for the modified EHR in Phase 1, however, the RLS to access the data is not.
	2) ECST	No, to be developed.
	3) e-Prescription	There is currently at least one method in use.
<b>32</b>	It is stated that the HIN should be able to interface with commonly used EMR & Practice Management Systems. Please provide a list of EMR & PMS software to be interfaced to understand any special requirements.	There is no list of vendors available. The RFI process is designed to provide this information.
<b>33</b>	It is stated that the architecture should take care of the planned information systems by ALMA. Please provide the list/share the details of such systems	

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<b>34</b>	It is stated that the project should be aligned with the nation IT direction. Will there be designated personnel in ALMA to work with the selected Vendor for setting this direction?	The Stakeholder Council and selected vendor(s) will work together to assure this alignment, however, the RFI and RFP process will demonstrate if vendor(s) are aware of the national IT direction.
<b>35</b>	MPI - Does the plan to create common identifier for patients aligned with the nationwide EHR initiatives like UHID (Universal Health Identifier) and CCR (Continuity of care records)?	Yes, the RFI process will inform this aspect.
<b>36</b>	Are there any data dictionary /Validation rules available for validating the source of data?	No